

# NOTICE TO MEDICAID ESTATE RECOVERY OF PENDING TRANSFER OF PROPERTY BY TRANSFER ON DEATH DEED

This notice is to be completed by the decedent's beneficiary, or the authorized representative of the beneficiary, and mailed to:

**Assistant Attorney General – Collections Enforcement**  
**Office of Ohio Attorney General Dave Yost**  
**30 E. Broad Street, 14<sup>th</sup> Floor**  
**Columbus, Ohio 43215**

The Medicaid individual's information and personal data provided herein is confidential under federal and state law, including 5 USC 552a, 42 CFR 431.300 through 42 CFR 431.307, 45 CFR Parts 160 and 164, ORC Sections 5160.45 and 1347.12. Therefore, county personnel must take precautions to keep the information secure and to keep access to the minimum necessary to accomplish Medicaid estate recovery.

<b>Section 1 – Deceased Property Owner Name and Property Address</b>		
Name of Decedent		
Property Address of Decedent		
City	State	Zip Code
<b>Section 2 – Information Regarding Deceased Property Owner</b>		
<input type="checkbox"/> The deceased property owner was not a Medicaid-eligible individual		
<input type="checkbox"/> The deceased property owner may have been a Medicaid-eligible individual	Social Security Number *	
<input type="checkbox"/> The deceased property owner was a Medicaid-eligible individual	Social Security Number or Medicaid Billing Number	
Was the Medicaid-eligible individual the deceased property owner and age 55 or older at the time he/she received Medicaid benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Section 3 – Information Regarding Deceased Property Owner's Pre-Deceased Spouse</b>		
<input type="checkbox"/> The deceased owner's pre-deceased spouse was not a Medicaid-eligible individual		
<input type="checkbox"/> The deceased owner's pre-deceased spouse may have been a Medicaid-eligible individual	Social Security Number*	
<input type="checkbox"/> The deceased owner's pre-deceased spouse was a Medicaid-eligible individual	Social Security Number or Medicaid Billing Number	
Was the Medicaid-eligible individual the deceased owner's pre-deceased spouse and age 55 or older at the time he/she received Medicaid benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Section 4 – Information Regarding Beneficiary</b>		
If the beneficiary is a son or daughter of the decedent:		
1) Is the beneficiary a child under the age of twenty-one (21)? <input type="checkbox"/> Yes <input type="checkbox"/> No	2) Is the beneficiary age twenty-one (21) or over AND blind or disabled under the definition contained in 42 USC 1382c? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Section 5 – Certification of Beneficiary or Beneficiary's Representative**

By my status selection and signature below, I certify that I am the beneficiary, or the beneficiary's authorized representative, of the property listed in Section 1 of this notice and as described in the attached Affidavit of Confirmation. I further certify that the information provided in this notice is complete and accurate to the best of my knowledge.

	Information about Beneficiary	Information about Beneficiary's Authorized Representative
Name		
Street Address		
City, State, Zip Code		
Telephone Number		

**Status Selection (check one)**

Beneficiary  Authorized Representative of the Beneficiary

Signature of Beneficiary OR Authorized Representative of Beneficiary

Date Signed

**\* Social Security Numbers:**

- Are only required to be provided when the decedent or the decedent's pre-deceased spouse is believed to have received Medicaid.
- Are required for purposes of identifying former Medicaid eligible individuals and to determine if estate recovery is warranted. The Ohio Department of Medicaid is authorized to collect the social security numbers of Medicaid applicants and eligible individuals, and to pursue recovery of any sums owed to Ohio Medicaid, pursuant to 42 CFR 431.302, 42 CFR 431.305, Ohio Revised Code (ORC) Section 5162.21, and Ohio Administrative Code (OAC) Rule 5160:1-2-07.
- Will be treated as confidential and will only be used for purposes directly connected with the administration of the Medicaid program which includes overpayment recovery and collections.
- Must be provided for any decedent or decedent's pre-deceased spouse believed to have received Medicaid ; and, if not provided, could result in incorrect matches, as well as the potential for setting aside of the real estate transfer, upon subsequent discovery of the Medicaid eligible individual's ownership interest in the estate.

To help you understand this notice, language assistance, interpretation services, and auxiliary aids and services are available upon request at no cost to you. Services available include, but are not limited to: oral translation, written translation, and auxiliary aids. You can request these services and/or auxiliary aids by calling the Medicaid Consumer Hotline 1-800-324-8680; individuals with a hearing impairment may call TDD 7-1-1.

**Spanish**

Para ayudarle a comprender este aviso, se encuentran disponibles a pedido asistencia lingüística, servicios de interpretación, ayudas auxiliares y otros servicios sin costo alguno. Los servicios disponibles incluyen, entre otros: traducción oral, traducción escrita y ayudas auxiliares. Puede solicitar estos servicios o ayudas auxiliares llamando a la Línea directa para el consumidor del Departamento de Medicaid de Ohio al 1-800-324-8680; las personas con discapacidad auditiva pueden llamar al TDD 7-1-1.

**Nepali**

यो सूचना बुझ्न सहायता गर्न, भाषा सहायता, व्याख्या सेवा, र सहायक उपकरण तथा सेवा तपाईंको अनुरोधमा निःशुल्क रूपमा उपलब्ध छन्। उपलब्ध सेवाहरूमा मौखिक अनुवाद, लिखित अनुवाद, र सहायक उपकरणहरू समावेश छन्, तर यिनीसँग मात्र सीमित छैन। तपाईंले यी सेवाहरू र/वा सहायक सहायताहरू अनुरोध गर्न सक्नुहुन्छ; Medicaid Consumer Hotline 1-800-324-8680; मा कल गरेर; श्रवणशक्ति कमजोर भएका व्यक्तिहरूले TDD 7-1-1 मा कल गर्न सक्छन्।

## Arabic

لمساعدتك في فهم هذا الإخطار، تتوفر خدمات المساعدة اللغوية وخدمات الترجمة الفورية والمساعدات الإضافية عند الطلب دون أي تكلفة. تشمل الخدمات المتاحة، على سبيل المثال لا الحصر: الترجمة الشفوية والترجمة التحريرية والمساعدات الإضافية. يمكنك طلب هذه الخدمات أو المساعدات الإضافية أو كليهما عن طريق الاتصال بالخط الساخن للمستهلكين التابع لـ Medicaid على الرقم التالي 1-800-324-8680؛ وبوسع الأفراد الذين يعانون من ضعف السمع الاتصال بخدمة الهاتف النصي على الرقم التالي 7-1-1.

## Haitian French Creole

Pou ede w konprann avi sa a, gen asistans lengwistik, sèvis entèpretasyon, èd oksilyè ak sèvis ki disponib gratis, lè ou fè demann pou sa. Sèvis ki disponib yo gen ladan yo, men se pa sa sèlman: tradiksyon oral, tradiksyon alekri ak èd oksilyè. Ou kapab mande sèvis sa yo ak/oswa èd oksilyè lè w rele Liy Asistans pou Konsomatè Medicaid la nan 1-800-324-8680; moun ki gen pwoblèm tande yo ka rele TDD 7-1-1.

## Somali

Si lagaaga caawiyo inaad fahanto ogaysiiskan, kaalmada luqadda, adeegyada tarjumaada, iyo kaalmooyinka iyo adeegyada ayaa la heli karaa marka la codsado lacag la'aan adiga. Adeegyada la heli karo waxaa ka mid ah, laakiin aan ku xaddidnayn: tarjumaada afka, turjumaadda qoran, iyo qalabyada caawinta. Waxaad codsan kartaa adeegyadan iyo/ama caawimada caawimada adiga oo wacaya markaas Khadka Tooska ah ee Macmiilka Medicaid 1-800-324-8680; Shakhsiyaadka maqalka liidata waxay wici karaan TDD 7-1-1.

## Ukrainian

Щоб допомогти вам зрозуміти зміст цього повідомлення, за запитом ви можете отримати безоплатну мовну допомогу, послуги усного перекладу, а також допоміжне обладнання та додаткові послуги. Доступні послуги включають, зокрема, усний переклад, письмовий переклад і допоміжне обладнання. Ви можете замовити ці послуги та/або допоміжне обладнання, зателефонувавши на гарячу лінію клієнтів Medicaid за номером 1-800-324-8680; для людей із вадами слуху працює номер TDD 7-1-1.

## Russian

Чтобы помочь вам понять смысл этого уведомления, по запросу вы можете получить бесплатную языковую помощь, услуги устного перевода, а также вспомогательное оборудование и дополнительные услуги. Доступные услуги включают, в частности, устный перевод, письменный перевод и вспомогательное оборудование. Вы можете запросить эти услуги и/или вспомогательное оборудование, позвонив на горячую линию клиентов Medicaid по номеру 1-800-324-8680; для людей с нарушениями слуха предусмотрен номер TDD 7-1-1.

## Swahili

Ili kukusaidia kuelewa notisi hii, usaidizi wa lugha, huduma za ukalimani, na visaidizi na huduma za ziada zinapatikana unapoomba bila gharama kwako. Huduma zinazopatikana ni pamoja na, lakini sio tu: tafsiri ya mdomo, tafsiri ya maandishi, na visaidizi vya ziada. Unaweza kuomba huduma hizi na/au visaidizi kwa kupiga simu ya Medicaid Consumer Hotline 1-800-324-8680; watu walio na ulemavu wa kusikia wanaweza kupiga simu TDD 7-1-1.

## Kinyarwanda

Kugira ngo tugufashe gusobanukirwa iri tangazo, ubufasha bujyanye n'indimi, serivisi z'ubusemuzi, n'ibikoresho na serivisi bifasha abafite ubumuga mu kumva biraboneka nta kiguzi utanze iyo ubisabye. Serivisi ziboneka zikubiyemo, ariko si gusa: ubusemuzi mu mvugo, ubusemuzi mu nyandiko, n'ibikoresho bifasha abafite ubumuga mu kumva. Ushobora gusaba izi serivisi na/cyangwa ibikoresho bifasha abafite ubumuga mu kumva binyuze mu guhamagara Umurungo utishyurwa ufasha Abakiriya ba Medicaid 1-800-324-8680; abantu bafite ibibazo mu kumva bashobora guhamagara TDD 7-1-1.

**French**

Pour vous aider à comprendre cet avis, une assistance linguistique, des services d'interprétation et des aides et services auxiliaires sont disponibles sur demande et sans frais. Les services disponibles comprennent, sans toutefois s'y limiter, la traduction orale, la traduction écrite et les aides auxiliaires. Vous pouvez demander ces services et/ou des aides auxiliaires en appelant la Medicaid Consumer Hotline 1-800-324-8680 ; les personnes malentendantes peuvent appeler TDD 7-1-1.

**Pashtu**

ستاسو په دې خبرتیا د ښه درک کولو (پوهیدو) لپاره، د ژبې مرستې، د شفاهي ژباړې خدمتونه، او اضافي مرستندويه وسایل او خدمتونه ستاسو د غوښتنې پر بنسټ پې لگښته شتون لري. په شته خدماتو کې شفاهي ژباړه، په لیکلې بڼه ژباړه، او مرستندويه وسایل شامل دي، خو یوازې په دې پورې محدود نه دي. تاسو کولی شئ د دې خدماتو او/یا مرستندويه وسایلو غوښتنه د میډیکایډ (Medicaid) د پېرودونکو ځانگړې د تلیفون شمېرې 1-800-324-8680 ته زنگ ووهلو له لارې وکړئ؛ هغه کسان چې د اورېدلو کمزورتیا لري کولی شي 7-1-1 TDD ته زنگ ووهي.

**Dari**

برای کمک به شما در درک این اطلاعیه، کمک های زبانی، خدمات ترجمه شفاهی و کمک ها و خدمات اضافی بر اساس درخواست شما بطور رایگان برای شما ارائه می گردد. خدمات موجود شامل موارد ذیل میباشد، اما محدود به آنها نیست: ترجمه شفاهی، ترجمه کتبی و وسایل کمکی. شما می توانید این خدمات و/یا وسایل کمکی را با تماس با خط ویژه مصرف کنندگان Medicaid از طریق شماره 1-800-324-8680 درخواست دهید؛ افراد دارای اختلال شنوایی می توانند با شماره 7-1-1 TDD تماس بگیرند.

**Uzbek**

Bu bildirishnomani tushunishingizga yordam berish uchun so'rovingiz asosida bepul til yordamchi xizmatlari, og'zaki tarjima xizmatlari va qo'shimcha yordamchi vositalar taqdim etiladi. Mavjud xizmatlar qatoriga og'zaki tarjima, yozma tarjima hamda yordamchi vositalar kiradi. Siz ushbu xizmatlar va/yoki qo'shimcha yordamlar haqida Medicaid mijozlari uchun mo'ljallangan 1-800-324-8680 telefon raqamiga qo'ng'iroq qilib so'rashingiz mumkin; Eshitish qobiliyati cheklangan shaxslar TDD 7-1-1 raqami orqali bog'lanishlari mumkin.

**Vietnamese**

Để giúp bạn hiểu thông báo này, hỗ trợ ngôn ngữ, dịch vụ phiên dịch, phương tiện trợ giúp và dịch vụ phụ trợ được cung cấp miễn phí theo yêu cầu. Các dịch vụ có sẵn bao gồm, nhưng không giới hạn ở: dịch bằng lời nói, dịch bằng văn bản và phương tiện phụ trợ. Bạn có thể yêu cầu các dịch vụ này và/hoặc phương tiện phụ trợ bằng cách gọi tới Đường dây nóng cho Người tiêu dùng Medicaid theo số 1-800-324-8680; người khiếm thính có thể gọi TDD 7-1-1.

**Tigrinya**

ነዚ ምልክታ ክትርይእዎ ን ክትገባዎም፣ ሓገዝ ቋንቋ፣ ኣገልግሎታት ትርጉም፣ ከምኡ'ውን ተወሰኽቲ ሓገዛትን ኣገልግሎታትን ኣብ ዝሓተትኩምዎ ብዘይ ክፍሊት ይርከቡ። ዘለው ኣገልግሎታት፣ ናይ ዘረባ ትርጉም፣ ናይ ጽሑፍ ትርጉምን ተወሰኽቲ ሓገዛትን ዘጠቓልሉ ከይኖሩ። በዚ ጥራሕ ዝድረቱ ኣይኮኑን። ናብ ምስመር ቴሌፎን ተጠቀምቲ ሜዲኬይድ (Medicaid Consumer Hotline) 1-800-324-8680 ብምድዋል፣ ነዘም ኣገልግሎታትን/ወይ ተወሰኽቲ ሓገዛት ክትሓቱ ትክእሉ ኢኹም፤ ናይ ምስማዕ ጸገም ዘለዎም ውልቀ-ሰባት ናብ TDD 7-1-1 ክድውሉ ይክእሉ እዮም።